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## FACSIMILE TRANSMITTAL SHEET

**FIRM/COMPANY:** USPTO

**FACSIMILE NUMBER:** 571-273-8300

**CONFIRMATION  
TELEPHONE:**

**FROM:** Paul A. Schwarz, Esq.

**DIRECT DIAL:** 609.631.2446

**DATE:** January 23, 2006

**FILE :** ATTORNEY DOCKET NO.: IMPLEX-13/N0747-29  
APPLICATION SERIAL NO. 10/035,863  
FILED: 12/31/2001  
ART UNIT: 3732

**TOTAL # OF PAGES:** 15  
(INCLUDING COVERSHEET)

**Message:** Please see attached.


**NOTE:** Original will NOT follow.

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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>IMPLEX-13/N0747-29</b>	
Applicant(s): <b>Bruce Roble, et al.</b>					
Application No. <b>10/035,863</b>	Filing Date <b>12/31/2001</b>	Examiner <b>Pedro Philogene</b>	Customer No. <b>28581</b>	Group Art Unit <b>3732</b>	Confirmation No. <b>4928</b>
Invention: <b>INSTRUMENT SYSTEM FOR PREPARING A DISC SPACE BETWEEN ADJACENT VERTEBRAL BODIES TO RECEIVE A REPAIR DEVICE</b>					
<b>COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	15 -	49 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>50-2061</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
 Signature			Dated: <b>January 27, 2006</b>		
<b>Paul A. Schwarz, Esq.</b> <b>Registration No. 37,577</b>  <b>Duane Morris LLP</b> <b>P.O. Box 5203</b> <b>Princeton, New Jersey 08543-5203</b> <b>(609) 631-2446 - Telephone</b> <b>(609) 631-2401 - Facsimile</b>			<div style="border: 1px solid black; padding: 5px;">         I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____          (Date)           _____          Signature of Person Mailing Correspondence           _____          Typed or Printed Name of Person Mailing Correspondence       </div>		
cc:					

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